

July 30, 2013 Version



CHART DISTRICT IMPLEMENTATION GUIDE



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CONTENTS

INTRODUCTION	4
Understanding CHART	4
Creating Healthy and Responsible Teens (CHART)	4
Personal Responsibility Education Program (PREP) Grant	4
CHART Process	5
Complying with HB999, Mississippi's Sex Education Law.....	6
Mandated	6
Prohibited	7
BEST PRACTICES IN IMPLEMENTATION	9
Selecting a Program Coordinator	9
Course Selection & Teacher Assignment.....	9
Teacher qualifications	9
Course selection	9
Additional PREP Curriculum Requirements	13
Parental Review & Public Awareness.....	13
Implementing Opt-in.....	14
IMPLEMENTATION MILESTONES PLAN	16
Purpose	16
Instructions.....	16
Assistance.....	16
Fidelity Monitoring & Evaluation	16
HB999 Compliance Checklist for School Districts	18
Implementation Milestones Timetable	19
Adulthood Preparation Subjects Form(Middle School)	21

Adulthood Preparation Subjects Form (High School).....	22
LIST OF APPENDICES	23
APPENDIX A: CHART Partners and Contact Information.....	24
APPENDIX B: Sample Parent Consent Form (Middle School).....	25
APPENDIX B, cont.: Sample Parent Consent Form (High School).....	26
APPENDIX C: MDE Reporting Form	27
APPENDIX D: Adulthood Preparation Subjects Detailed Description	28

INTRODUCTION

This Implementation Guide seeks to help school districts understand and comply with the requirements of the CHART Initiative, the PREP grant, and House Bill 999, Mississippi's sex education law. Throughout the guide, districts can find tips, checklists, best practices, and other useful information. At the end of the guide are appendices with further documents that may be of further support to CHART districts.

UNDERSTANDING CHART

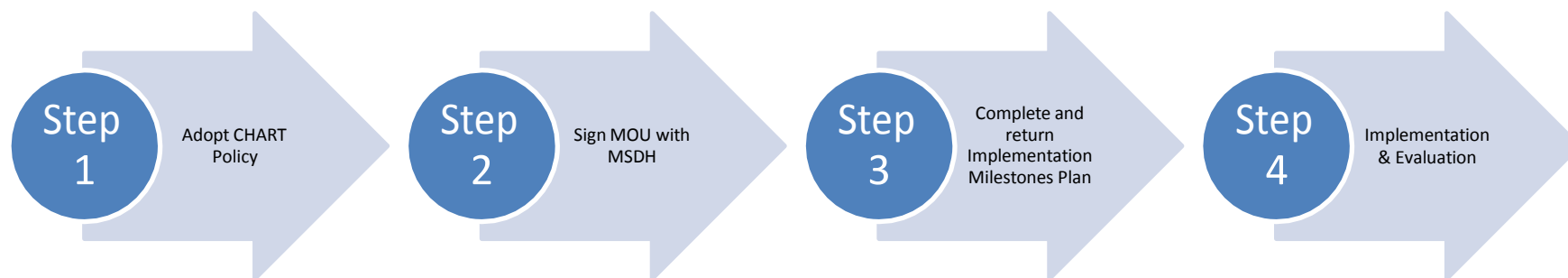
CREATING HEALTHY AND RESPONSIBLE TEENS (CHART)

The **Creating Healthy and Responsible Teens (CHART) Initiative** was created by Mississippi First in conjunction with the Mississippi State Department of Health to **reduce teen pregnancy, improve teen sexual health, and increase responsible decision-making**. The CHART Initiative works with Mississippi school districts to increase adoption and implementation of comprehensive or “abstinence-plus” sex education policies and evidence-based, medically accurate, and age-appropriate programs.

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP) GRANT

The Personal Responsibility Education Program (PREP) grant is a federal grant received by the Mississippi State Department of Health to support teen pregnancy prevention efforts in Mississippi public schools and communities. School districts that adopt of the CHART Model Policy are eligible for assistance from PREP to pay for curricula, staff training, and on-going technical assistance from the Mississippi State Department of Health's Bureau of Community and School Health.

CHART PROCESS



In order for districts to participate in the CHART Initiative and receive PREP support and assistance, they must take four important steps.

1. ADOPT CHART POLICY—School districts must adopt the CHART policy by a majority vote of their school board.
2. SIGN MOU with MSDH—School districts that have adopted the CHART policy must sign a memorandum of understanding (MOU) with the Mississippi State Department of Health (MSDH) in order to become an official part of the CHART initiative and to receive PREP funds. When MSDH has a signed MOU on file for a district, MSDH is able to allocate and expend funds for that district.
3. COMPLETE and RETURN IMPLEMENTATION MILESTONES PLAN—Within 45 days of school beginning, schools should complete and return the Implementation Milestones Plan found in the Implementation Guide.
4. CONDUCT IMPLEMENTATION & EVALUATION—Districts with a signed MOU begin the process of implementation and ready themselves for evaluation with the help of MSDH.

COMPLYING WITH HB999, MISSISSIPPI'S SEX EDUCATION LAW

After the CHART Initiative began in July 2010, the Mississippi Legislature passed House Bill 999 (HB999) in the 2011 legislative session. The purpose of HB999 is to regulate sex education in Mississippi's public schools. (To read the full text of HB999, please visit www.healthyschoolsms.org).



CHART ADVANTAGE: *The CHART Initiative, through the PREP grant, enables school districts to implement the state's new sex education law, House Bill 999, at minimal cost.*

Every CHART district must follow HB999. The following sub-sections explain HB999 by describing sex education-related actions that are

- *mandated* (what school districts must do) and
- *prohibited* (what school districts must NOT do).

Below each requirement a note in italics describes how CHART school districts will be able to meet the requirement.

MANDATED

School district **must take** these actions in order to comply with HB999.

Adopt a sex education policy

Each school district was required to adopt a written sex education policy—either an abstinence-only or abstinence-plus policy—by June 30, 2012.



MEETING THE REQUIREMENT: *In CHART school districts, this requirement is satisfied by school board adoption of the CHART policy, an abstinence-plus policy. The CHART policy has been reviewed and approved by MDE.*

Implement a policy no later than the 2012-2013 school year

School districts must begin instruction no later than the 2012-2013 school year.



MEETING THE REQUIREMENT: *CHART school districts will receive training, materials, and technical assistance. Districts must provide the Mississippi State Department of Health (MSDH) with a timeline of their planned implementation as part of the district's CHART Memorandum of Understanding with MSDH.*

Select a curriculum from a list approved by the Mississippi Department of Education

School districts must choose a curriculum from a list approved by the Mississippi Department of Education. Materials or activities (including videos, guest speakers, rallies, or brochures and handouts) which have not been approved by the Mississippi Department of Education as part of a written curriculum will not meet the school district's compliance burden under HB999, even if the materials or activities do not directly contradict the law. The Office of Healthy Schools within MDE is responsible for maintaining the list of approved curricula for both abstinence-only and abstinence-plus.



MEETING THE REQUIREMENT: *Every CHART curriculum has been approved by MDE and satisfies this requirement.*

Provide parents the ability to “opt-in”

Parents must affirmatively sign a permission form in order for their children to participate.



MEETING THE REQUIREMENT: *Every CHART district must distribute a permission form to parents as part of both HB999 and the CHART Model policy. See Appendix D for sample permission forms and the “Best Practices” chapter of this guide for guidance on the best ways to distribute and collect the permission form.*

Provide parents the right to review sex ed curriculum prior to instruction

The law grants parents the right to review written curriculum materials at least one week prior to the beginning of instruction.



MEETING THE REQUIREMENT: *Every CHART district must inform parents of their right to review curriculum materials. See the “Best Practices” chapter of this guide for guidance on how to implement this requirement of HB999 and the CHART Model Policy.*

PROHIBITED

School districts **must not violate** the following prohibitions in order to comply with HB999.

NO condom demonstrations

HB999 very specifically prohibits condom demonstrations in a sex education class in public school. The law states, “In no case shall the instruction or program include any demonstration of how condoms or other contraceptives are applied” and later adds “Based on curriculum approval decisions, the Mississippi Department of Education has interpreted this language to mean that schools may not demonstrate to students how to correctly apply a condom nor may schools show a video of someone applying a condom”. However, discussions of condom “do’s” and “don’ts”—such as using a new condom in each sexual encounter and not using expired condoms—are allowed.



MEETING THE REQUIREMENT: *This HB999 prohibition was a key consideration during MDE’s curriculum review process. Therefore, every CHART curriculum, since it has been approved by MDE, satisfies this requirement. CHART districts do not need to worry about interpreting this prohibition and its dimensions on their own.*

NO instruction on abortion as a means to prevent the birth of a baby

Schools are prohibited from teaching students that abortion may be used as a means to prevent the birth of a baby.



MEETING THE REQUIREMENT: *Every CHART curriculum, since it has been approved by MDE, satisfies this requirement. Therefore, CHART districts do not need to worry about interpreting this prohibition and its dimensions on their own.* **NO co-ed classes**

School districts are not permitted to teach sex education in co-ed classes (classes with both boys and girls). Therefore, in addition to having an alternative placement for children whose parents declined to sign the permission form, schools must have at least two sex education

classes: one for boys and one for girls. In total, this means that school districts must accommodate three groups of children: 1) boys who have opted-in, 2) girls who have opted-in, and 3) children who have not opted-in.



MEETING THE REQUIREMENT: *CHART districts should consult the “Best Practices” chapter of this guide for assistance in scheduling sex education to meet this requirement.*

BEST PRACTICES IN IMPLEMENTATION

SELECTING A PROGRAM COORDINATOR

The CHART Model Policy requires each school to designate a Program Coordinator for the CHART Initiative.

COURSE SELECTION & TEACHER ASSIGNMENT

Determining when sex education will take place and who will teach the class is a job that requires long-term planning on the part of CHART school administrators. To increase the impact of the CHART Initiative, schools must make decisions that are likely to ensure every student has the opportunity to take sex education from a competent and confident instructor. This section provides important information to assist CHART districts in selecting the course in which to teach the sex education program and in assigning the best teachers to the class. While school districts may have unique needs and circumstances, these suggestions are likely to be relevant to most districts.

TEACHER QUALIFICATIONS

Assigning competent and confident educators to teach sex education is very important, especially in the initial implementation phase when the school, the students, and the community are adjusting to the new state mandate. HB999 is silent on the qualifications of teachers who may teach sex education. However, the CHART Model Policy requires school districts to have specific licensure or endorsements and to receive training.

Licensure/Endorsements

The CHART Model Policy specifies that CHART curricula “will be taught by **licensed health educators, family and consumer science educators, or educators with a health education and/or science endorsement.**” All schools will have at least one staff member with at least one of these qualifications already on payroll. School should use existing staff to teach sex education and not feel required to hire new staff or to assign the school nurse to teach sex education (unless the nurse wishes to teach the course).

COURSE SELECTION

All of the CHART programs are intended to fit into an existing course offered by the school.

The first issue that CHART districts should consider in making this decision is **whether the course reaches every student.** Placing the sex education program in an elective course that very few students take will significantly diminish the impact that CHART will have, even though all CHART curricula have been proven effective.

Secondly, CHART districts should consider **whether the current demands of the course can accommodate a sex education unit.** The curriculum in state-tested subjects, for example, may be too carefully structured and paced to allow for additional lessons, especially if the objectives of the sex education course do not align well. Another example might be a class that is only

offered for one nine-week period in which the course is just not long enough to absorb extra lessons.

Courses that are likely to meet the needs of most districts are listed by grade level below. Each school district should choose the course that is best suited for their population of students, even if that course is not listed here.

Middle school (6-8)

Physical Education/Health

- Pros
 - Gender separation at some or all grades—Many school districts begin separating students by gender for PE/Health in middle school, which starts in grade 6 or 7. Since gender separation is a state requirement for sex education, teaching sex education in a class that is already separated by gender reduces the compliance burden on the district.
 - High-degree of curriculum alignment—The Mississippi Comprehensive Health Framework aligns very well with the objectives covered in the CHART middle school option. This enables the instructor to teach course objectives through the CHART program without needing to move more quickly through the course's required objectives.
 - Current teachers are likely to have necessary licensure/endorsements—Licensed health educators or educators with a health endorsement are eligible to teach sex education; the health classroom teacher would likely have the required qualifications.
- Cons
 - May be elective in some districts—Not all students are required to take this course in some school districts. As a result, the school district would have to plan how to reach students not enrolled in this course or would accept that not all students will have the opportunity to take sex education.
 - May be a half-credit course—Some schools may teach this course for a short period of time (such as within one nine-week period or one semester). While this may not present too great of a barrier in selecting PE/Health, a shorter course may make it harder for schools to meet all of the objectives required by both the course and the CHART curricula.

Science

- Pros
 - Required course—Since science is a core academic subject, all students will take the course. This enables sex education to have the broadest impact possible.
 - Current teachers are likely to have necessary endorsements—Teachers with a science endorsement are eligible to teach sex education; the regular science teacher would likely have the required qualifications.
 - Flexibility in staffing—Unlike other courses which may be taught by only one teacher, most schools have several teachers who teach science. This gives the school some flexibility in assigning teachers to deliver the material. One or two science teachers could rotate through all of the science classes while the other science teachers temporarily cover the sex ed teachers' classes.

- Cons
 - State-tested in 8th grade—Eighth grade science is a state-tested subject, which may make it hard for many districts to add anything to the curriculum. Schools may choose to teach sex education in this course in the 6th and 7th grades, but schools may find it burdensome to devise an alternative for a single grade.
 - Some curriculum misalignment—While some of the objectives taught in sex education align with the objectives in science (such as information about disease and disease prevention), many of the objective do not align (such as those about communication, healthy relationships, and goal-setting).
 - Co-ed at all grade levels—Science is very rarely, if ever, taught in a single-sex environment in Mississippi public schools. School districts would need to plan for gender separation.

High school (9-12)

Health

- Pros
 - Required for graduation—This course is required for high school graduation, meaning that all students will take it at some point. This enables sex education to have the broadest impact possible.
 - Primarily targeted to 9th and 10th graders—Most high school students take this course early in their high school career—9th or 10th grade. This works well with the recommendations of both the curriculum writers and state health professionals who state that these programs are best with younger students.
 - High degree of curriculum alignment—The Mississippi Comprehensive Health Framework aligns very well with the objectives covered in the CHART high school option. This enables the instructor to teach course objectives through the CHART program without needing to move more quickly through the course's required objectives.
 - Current teachers are likely to have necessary licensure/endorsements—Licensed health educators or educators with a health endorsement are eligible to teach sex education; the regular health teacher would likely have the required qualifications.
- Cons
 - Co-ed course at high school level—Unlike in the lower grades, high schools usually teach health and physical education in two separate classes, and health is often taught as a co-ed course. Therefore, the school may need to plan for gender separation.
 - May be a half-credit course—Some schools may teach this course for a short period of time (such as within one nine-week period or one semester). While this may not present too great of a barrier in selecting PE/Health, a shorter course may make it harder for schools to meet all of the objectives required by both the course and the CHART curricula.

Physical Education

- Pros
 - Gender separation at all grades—Physical education is usually taught as a single-sex course at all grade levels in high school.
- Cons
 - Elective course—Unlike health, some high schools do not require a credit in physical education for graduation. Unless an unusually large number of students choose to take this course, many students will not have the opportunity to take sex education if the district solely offers sex education in this course.

Family and Consumer Science (vocational)

- Pros
 - High degree of curriculum alignment—The Family and Consumer Science curriculum aligns very well with the objectives in the high school CHART option. This enables the instructor to teach course objectives through the CHART program without needing to move more quickly through the course's required objectives.
 - Current teachers are likely to have necessary licensure—Licensed family and consumer science teachers are eligible to teach sex education; the regular classroom teacher would likely have the required qualifications.
- Cons
 - Elective course—This course is most often offered within the district's vocational center as an elective course. Unless an unusually large number of students choose to take this course, many students will not have the opportunity to take sex education if the district solely offers sex education in this course.
 - Co-ed course—This course is not taught in a single-sex class. Therefore, the school would need to plan for gender separation.

Other options

Homeroom, advisory, or lunch period

Some school districts have regularly scheduled time in which students are not in a structured course, such as homeroom. During these times, students may participate in sustained silent reading or career planning; or they may listen to presentations by community members, complete school forms, or receive tutoring or enrichment. Other schools may have extended lunch periods or extended first periods. Schools unable to find an appropriate course for CHART curricula can consider placing the sex education program within one of these types of time periods. Schools will still have to abide by all of the HB999 requirements, the CHART Model Policy requirements, and the PREP requirements, even if sex education is implemented during school hours but not within a course. Schools should also consider the length of time needed for the lessons - between 45 and 50 minutes - whereas a homeroom period may only last for 20 minutes.



Special assemblies are not allowed: In the past, when schools have offered sex education, schools have organized a presentation or guest speaker for a school-wide or

grade-level assembly. These assemblies may feature some aspect of audience participation, but the majority of the assembly is usually in lecture format with no future follow-up. All of the CHART curricula were developed for a traditional classroom setting of no more than 30 children per instructor. The smaller setting allows for teacher-student and peer interactions that are part of the curricula. Furthermore, students will be less likely to participate or ask questions in a larger setting, even though special assemblies would still be single-sex. Unless a school has a very small number of children per grade, special assemblies would not allow the CHART curricula to be implemented with fidelity.

ADDITIONAL PREP CURRICULUM REQUIREMENTS

Adulthood Preparation Subjects

The Patient Protection and Affordable Care Act authorized funding for PREP grantees with the requirement that instruction on three of six “Adulthood Preparation Subjects” outlined in the funding announcement are incorporated in curriculum implementation. Each curriculum chosen by the Mississippi State Department of Health **ALREADY** addresses the Adulthood Preparation Subjects. As a result, CHART districts can demonstrate full compliance with this statutory requirement **without additional instruction**.

PARENTAL REVIEW & PUBLIC AWARENESS

HB999 and the CHART policy are careful to protect parents’ rights to be informed and to make decisions regarding their child’s sex education. In addition to the opt-in requirement, both HB999 and the CHART policy require school districts to make curriculum materials available to parents for review prior to the commencement of sex education instruction.

Public Awareness of Abstinence-Plus and CHART

Parents must be notified that they have a right to review curriculum materials and given information about how to exercise that right. The CHART policy requires districts to publish and disseminate the CHART policy and provide general information about abstinence-plus education and the approved curriculum.

- Using the district’s website—A natural location for parents to review the CHART policy, see permission slips, and understand their right to review curriculum materials is the district/school website. In addition, we recommend the district provide a small number of hard copies in its central office and the front offices of affected schools for parents who are not able to connect to the internet.
- Community-wide town hall meetings—The CHART policy requires school districts to host at least one meeting to educate community members on the program and its potential long-term effect on reducing the number of students affected by teen birth and sexually transmitted infections. These meetings can be held in conjunction with other school or district events such as PTA meetings, open houses, or orientations. MSDH will assist school districts in planning these meetings. The purpose of these meetings to familiarize the public on the content of the CHART policy, including parental rights, and the substance of approved curricula the district will be using. Staff members trained in

the curricula should be on hand to answer questions. Districts should also have copies of the permission forms for parents to review.

Procedure for Parental Review

Although parents have a right to review curriculum materials, districts do not have to send home copies of the curriculum with every child. Rather, districts should make a full set of curriculum materials available at a convenient location (such as the front office of an affected school) and direct interested parents to that location. Districts should offer parents a place to sit and review the curriculum (such as an empty office, the library, or a conference room) and may ask parents who come to review materials to sign-in. Districts should also consider providing parents who come in to the school to review the curriculum the contact information of a teacher or administrator who has been trained in the curriculum and can answer questions.

IMPLEMENTING OPT-IN

In compliance with Mississippi law, students are not required to participate in sex education, regardless of the policy adopted by the district. (Traditional courses in the biological sciences are not included in this “opt-in” provision, even if sex education curricula are taught as units within science courses. Parents may choose to exclude students from the sex education curricula but not the whole course.) HB999 requires parents to sign a permission form opting their child into sex education. Schools can increase the likelihood that parents will “opt-in” by developing good procedures in the distribution and collection of the permission form. The greater a district’s participation in the sex education program, the larger the impact the program will have and the easier it will be for the district to accommodate the few students who do not opt-in. As a result, districts have every reason to increase opportunities for parents to understand the sex education curricula and to exercise their right to opt into the program.

Form Distribution & Collection

The Mississippi Department of Education suggests the following options for distributing and collecting permission forms for sex education:

- a) Signed at first parent-teacher conference;
- b) Signed at Open House
- c) Sent home in Back-to-School packets, and/or
- d) Made available on school website for download.

The MSDH will also assist school districts in planning their required community meeting at which districts can distribute and collect permission forms. In order to increase the likelihood that all parents wanting to opt-in have the opportunity, we recommend that school districts use multiple methods to distribute and collect permission forms. Students should also be reminded that they can only participate in sex education classes if their parent/guardian provides a signed permission form for them.

Advanced Notice

Both HB999 and the CHART policy require school districts to provide parents at least one week's notice before instruction begins. However, we recommend that districts ***distribute permission forms one week in advance at the latest***. Ideally, districts would distribute permission forms as soon as possible once the school year begins.

Students Who Do Not Opt-In

Since HB999 gives parents the right to exclude their child from sex education, school districts cannot penalize students who do not opt-in. However, this does not mean that some students should get a “free” period while other students learn about teen pregnancy prevention.

According to the CHART model policy, ***students not participating in the district's abstinence-plus program must complete alternative coursework for the duration of the program***. Districts are free to design their own plans for alternative coursework but might consider the following:

- Other health-related topics—Students who do not participate in sex education are still able to learn about health-related topics such as drug and alcohol prevention or nutrition and obesity.
- Academic remediation/enrichment—Schools might take this opportunity to provide academic remediation or enrichment for students who do not take sex education.

Districts must also determine how they will staff the group of students who do not opt-in and where these students will meet during the sex education course.

IMPLEMENTATION MILESTONES PLAN

PURPOSE

The purpose of the Implementation Milestones Plan is to help CHART school districts think through issues related to effective implementation and to help the Mississippi State Department of Health (MSDH) develop district-specific technical assistance for each CHART school district. In the pages that follow, school districts will find checklists and forms that must be completed and returned to MSDH as well as examples and recommendations to help districts complete this work.

INSTRUCTIONS

Before completing this plan, please read the “Best Practices” section for tips and guidance.

Implementation Milestones Timetable—Complete this timetable to provide information about how the district will implement that important elements of the CHART policy and the PREP grant.

Adulthood Preparation Subjects Form—Complete these forms to show that the district will comply with the Adulthood Preparation Subjects requirement in the PREP grant.

ASSISTANCE

The Mississippi State Department of Health is able to provide guidance and technical assistance for CHART districts. Contact information can be found in Appendix A for MSDH – PREP Program Staff, 601-576-7781.

FIDELITY MONITORING & EVALUATION

Implementation fidelity assesses whether the core components of the educational curriculum were actually implemented. An implementation fidelity log will be required for completion by teachers of both middle and high school curriculum. The log will allow both the school and MSDH to measure the school's programmatic success of implementation.

Entry/exit surveys will be used to measure program delivery and program structure. CHART districts will be evaluated based on national performance measures related to program implementation. These measures will include student participation characteristics and demographics, implementation features and challenges, program fidelity, and teacher perceptions of quality program measures and challenges.

CHART districts will be required to submit quarterly implementation reports based on their Implementation Milestone Plan identifying progress made to date. Fidelity monitoring logs completed by teachers will be due on a bi-weekly basis. The bi-weekly reporting will provide teachers with the tools needed to recognize if a challenge exists within their implementation plan.

Complete teacher training manuals including fidelity logs and evaluation checklists will be provided to CHART districts teachers during required MSDH trainings.



IMPORTANT NOTE: If CHART districts choose to use outside funds to serve students in the same target population as the CHART Initiative (whether during or after school), districts should be aware that this will affect the evaluation of the efficacy of both programs.

HB999 COMPLIANCE CHECKLIST FOR SCHOOL DISTRICTS

Mandated	Prohibited	Allowed
<p>┌ Adopt a sex education policy</p> <p>Date of adoption:</p> <p>_____</p>	<p><input type="checkbox"/> NO condom demonstrations</p>	<p><input type="checkbox"/> Choose abstinence-only or abstinence-plus</p> <p>Policy choice:</p> <p><u>Abstinence-plus</u></p> <p>Date MDE reporting form submitted:</p> <p>_____</p>
<p>┌ Implement a policy by school year of 2012-2013</p>	<p><input type="checkbox"/> NO instruction on abortion as a means to prevent the birth of a baby</p>	
<p>┌ Select a curriculum from a list approved by the Mississippi Department of Education</p> <p>Curriculum choice(s):</p> <p><u>Draw the Line</u> (middle)</p> <p><u>Reducing the Risk</u> (high)</p>	<p><input type="checkbox"/> NO co-ed classes</p>	
<p>┌ Provide parents the ability to “opt-in”</p>		
<p>┌ Provide parents the right to review of sex ed curriculum prior to instruction</p>		

IMPLEMENTATION MILESTONES TIMETABLE

School Name: _____

Suggested milestones have been listed, but school districts should add, change, or re-arrange these suggestions to fit their needs. The milestones in this chart should encompass work that takes place from the time the district signs the MOU to the end of the 2013-2014 school year.

Milestone	Individual Responsible	Relevant Activities
<i>What major milestones must be met throughout the year in order to demonstrate full and effective implementation of the model?</i>	<i>Who will be responsible for ensuring that the milestone is met?</i>	<i>Briefly describe the activities associated with satisfactory completion of the milestone.</i>
Designate a School Coordinator		Name of Coordinator:
Select teachers for sex education		Names and certification/endorsement of sex education teachers:
Select courses in which sex education will be taught		Courses in which students will learn sex education (by grade level): 6 th grade— 7 th grade— 8 th grade— 9 th grade— Other—

Milestone	Individual Responsible	Relevant Activities
<i>What major milestones must be met throughout the year in order to demonstrate full and effective implementation of the model?</i>	<i>Who will be responsible for ensuring that the milestone is met?</i>	<i>Briefly describe the activities associated with satisfactory completion of the milestone.</i>
Complete facilitator trainings		Dates of training for each listed staff member (month/year):
Develop a plan for students who “opt-out”		List plan:
Hold parent meeting(s):		Date of meeting(s):
Develop a plan for distributing and collecting permission forms		List plan:
Develop a plan for enabling parents to review curriculum materials		List plan:
Develop a plan for gender separation		List plan:
Complete Adulthood Preparation Subjects Compliance Form		Date mailed:

School District Name: _____

“Draw the Line/ Respect the Line”

Middle School Curriculum

The Patient Protection and Affordable Care Act authorized funding for PREP grantees with the requirement that instruction on three of six “Adulthood Preparation Subjects” outlined in the funding announcement are incorporated in curriculum implementation. Each curriculum chosen by the Mississippi State Department of Health **ALREADY** addresses the Adulthood Preparation Subjects. As a result, CHART districts can demonstrate full compliance with this statutory requirement **without additional instruction**.

Draw the Line/ Respect the Line addresses:

1. ***Healthy Relationships***, relationships are interactions between people that are ongoing, voluntary, and mutually acknowledged, healthy relationships are built on: trust, honesty, and respect; romantic relationships involve affection, which is oftentimes physical, and may or may not involve sex.
2. ***Parent-Child Communication***, providing accurate information and creating open lines of communication can support adolescent development; positive parent-child communication can help adolescents develop healthy and responsible sexual decision-making; open parent-child communication may be an effective teen pregnancy prevention tool.
3. ***Healthy Life Skills***, abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. Include, but are not limited to, communication, decision-making, coping, self-management, goal-setting, and avoidance of unhealthy behavior.

School District Name: _____

“Reducing the Risk”

High School Curriculum

The Patient Protection and Affordable Care Act authorized funding for PREP grantees with the requirement that instruction on three of six “Adulthood Preparation Subjects” outlined in the funding announcement are incorporated in curriculum implementation. Each curriculum chosen by the Mississippi State Department of Health **ALREADY** addresses the Adulthood Preparation Subjects. As a result, CHART districts can demonstrate full compliance with this statutory requirement **without additional instruction**.

Reducing the Risk addresses:

1. ***Healthy Relationships***, relationships are interactions between people that are ongoing, voluntary, and mutually acknowledged, healthy relationships are built on: trust, honesty, and respect; romantic relationships involve affection, which is oftentimes physical, and may or may not involved sex.
2. ***Adolescent Development***, transition to adulthood that can occur between ages eight to twenty-four which encompasses cognitive, emotional, social, sexual, identify formation, and growth.
3. ***Parent- Child Communication***, providing accurate information and creating open lines of communication can support adolescent development; positive parent-child communication can help adolescents develop healthy and responsible sexual decision-making; open parent-child communication may be an effective teen pregnancy prevention tool.
4. ***Healthy Life Skills***, abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life. Include, but are not limited to, communication, decision-making, coping, self-management, goal-setting, and avoidance of unhealthy behavior.

LIST OF APPENDICES

APPENDIX A: CHART Partners and Contact Information

APPENDIX B: CHART Sample Parental Consent Form for Middle and High School Students

APPENDIX C: MDE Reporting Form

APPENDIX D: Adulthood Preparation Subjects Detailed Description

APPENDIX A: CHART PARTNERS AND CONTACT INFORMATION

The Creating Healthy and Responsible Teens (CHART) Initiative was created by Mississippi First (a 501(c)3 public policy non-profit specializing in education reform) in conjunction with the Mississippi State Department of Health to reduce teen pregnancy, improve teen sexual health and increase responsible decision-making. These two partners were joined by the Women's Fund of Mississippi, a public charity that focuses its grant making on projects that improve the lives of women and girls.

None of the CHART Initiative partners have a financial interest in the curriculum options that CHART promotes nor do any of the partners seek to sell services to school districts.

Contact information for the CHART Partners is below:

Mississippi First

www.mississippifirst.org/sex-education

Contact Person:

Sanford Johnson, Deputy Director
Sanford@mississippifirst.org
662-402-8268

Mississippi State Department of Health

www.msdh.ms.gov/prep

Contact Person:

Kenyatta Parker, Deputy Bureau Director
PREP (Personal Responsibility Education
Program)
kenyatta.parker@msdh.ms.gov
601-206-1559

Women's Fund of Mississippi

www.womensfundms.org

Contact Person:

Jamie Holcomb Bardwell, Director of Programs
Jamie@womensfundms.org
601-326-0701

APPENDIX B: SAMPLE PARENT CONSENT FORM (MIDDLE SCHOOL)

SAMPLE MIDDLE SCHOOL

Abstinence-Plus Education

Parental/Guardian Consent of Participation

The Mississippi State Department of Health (MSDH) through the Personal Responsibility Education Program (PREP) is working towards the goal of empowering Mississippi teens with the knowledge to make safer reproductive health choices and prevent the spread of Sexually Transmitted Diseases (STDs). The Department of Health wants to provide an opportunity for your child to participate in an HIV, Sexually Transmitted Infection (STI) and Pregnancy Prevention curriculum for Middle School students.

"Drawing the Line/Respect the Line" curriculum emphasizes abstinence but also teaches students how to protect themselves from pregnancy and STIs using medically accurate information. The curriculum is divided into 5-7 sessions which last forty-five minutes each. The sessions will be offered during a time that does not interfere with core instructional classes. Children attend gender-separated classroom sessions composed of group and individualized activities. The program is designed to help students have healthy relationships with friends and develop skills to set sexual limits.

Specific aims of the program are to reduce the number of students who initiate or have sexual intercourse, as well as prolonging the age of first initiation of sexual activity. Using a fun, interactive approach, "Draw the Line/Respect the Line" shows students how to set personal limits and meet challenges to those limits. To assess the effectiveness of this program in achieving the goals set by the Department of Health, your child will be given an anonymous survey at the beginning and after each session has been completed. The surveys will not have any student identifiers and will be used only to analyze the impact of the program in your child's school. If you have any questions about the content of the curriculum, please contact the Mississippi State Department of Health PREP Program staff at 601-576-7781.

OPTIONS: Please read and check only one of the following:

Option 1

_____ **GRANT** permission for my child to participate in the activities/discussions as described above.

Option 2

_____ **DENY** permission for my child to participate in the activities/discussions as described above.

PLEASE SIGN AND RETURN THE FORM TO THE MIDDLE SCHOOL STAFF IN THE ENCLOSED ENVELOPE BY August 1, 2012.

Student Name: _____

I have read this form and have chosen **one option** from the preceding list.

Parent/ Guardian Signature: _____ **Date:** _____

APPENDIX B, CONT.: SAMPLE PARENT CONSENT FORM (HIGH SCHOOL)

SAMPLE HIGH SCHOOL

Abstinence-Plus Education

Parental/Guardian Consent of Participation

The Mississippi State Department of Health (MSDH) through the Personal Responsibility Education Program (PREP) is working towards the goal of empowering Mississippi teens with the knowledge to make safer reproductive health choices and prevent the spread of Sexually Transmitted Diseases (STDs). The Department of Health wants to provide an opportunity for your child to participate in an HIV, Sexually Transmitted Infection (STI) and Pregnancy Prevention curriculum for High School students.

"Reducing the Risk" curriculum emphasizes abstinence but also teaches students how to protect themselves from pregnancy and STIs using medically accurate information. The curriculum is divided into sixteen (16) sessions which last forty-five minutes each. The sessions will be offered during a time that does not interfere with core instructional classes. Children attend gender-separated classroom sessions composed of group and individualized activities. The program is designed to help students have healthy relationships with friends and develop skills to set sexual limits.

Specific aims of the program are to reduce the number of students who initiate or have sexual intercourse, as well as prolonging the age of first initiation of sexual activity. Using a fun, interactive approach, "Reducing the Risk" shows students how to set personal limits and meet challenges to those limits. To assess the effectiveness of this program in achieving the goals set by the Department of Health, your child will be given an anonymous survey at the beginning and after each session has been completed. The surveys will not have any student identifiers and will be used only to analyze the impact of the program in your child's school. If you have any questions about the content of the curriculum, please contact the Mississippi State Department of Health PREP Program staff at 601-576-7781.

OPTIONS: Please read and check only one of the following:

Option 1

_____ **GRANT** permission for my child to participate in the activities/discussions as described above.

Option 2

_____ **DENY** permission for my child to participate in the activities/discussions as described above.

PLEASE SIGN AND RETURN THE FORM TO THE MIDDLE SCHOOL STAFF IN THE ENCLOSED ENVELOPE BY August 1, 2012.

Student Name: _____

I have read this form and have chosen **one option** from the preceding list.

Parent/ Guardian Signature: _____ **Date:** _____

APPENDIX C: MDE REPORTING FORM

Mississippi Department of Education Office of Healthy Schools

Policy and Curriculum Reporting Form for House Bill 999

School District Name: _____

The School Board of Education representing the above mentioned school district has approved the following policy (mark one):

☐ Abstinence-Only

☐ Abstinence-Plus

Date Adopted by School Board: _____

(Must be approved prior to June 30, 2012)

Please list the name of the curriculum that has been selected for your district:

Please indicate in which grade/grades curriculum will be implemented:

<u>Grade</u>	<u>Students Participating</u>	<u>Grade</u>	<u>Students Participating</u>
<input type="checkbox"/> 5 th grade	_____	<input type="checkbox"/> 9 th grade	_____
<input type="checkbox"/> 6 th grade	_____	<input type="checkbox"/> 10 th grade	_____
<input type="checkbox"/> 7 th grade	_____	<input type="checkbox"/> 11 th grade	_____
<input type="checkbox"/> 8 th grade	_____	<input type="checkbox"/> 12 th grade	_____

Superintendent Signature

Date

Please complete this form and return to:

Scott Clements, Director
Office of Healthy Schools
MS Department of Education
Post Office Box 771
Jackson, MS 39205-0771
SClements@mde.k12.ms.us
Fax: (601) 576-1417

Revised 1/22/12

APPENDIX D: ADULTHOOD PREPARATION SUBJECTS DETAILED DESCRIPTION

Information compiled from the Personal Responsibility and Education Program 1) law and 2) guidance (see <http://www.acf.hhs.gov/programs/fysb/content/programs/tpp/adult-prep-tip-sheet.pdf>).

Subject	Explanation	Examples of Activities/Skills/Competencies
Healthy relationships	<p>“Relationships are interactions between people that are ongoing, voluntary, and mutually acknowledged. ...Factors associated with healthy... relationships include trust, honesty, support, open and honest communication, flexibility, fun, enjoyment, respect, equality, and limit setting.”²</p> <p>Programs may not be limited to adolescent or romantic relationships but may also include marriage and family interactions.¹</p>	<ul style="list-style-type: none"> • Information about gender-based stereotypes (including sexual double standards) • How to show caring and affection without having sex • Conflict management skills • Parent-child communication • Communication skills • Limit setting, and navigating different limits in relationships • Skills to develop healthy relationships • Identifying unhealthy relationships • Skills to safely end unhealthy relationships
Adolescent development	<p>The “transition to adulthood” which “extends beyond the physiological changes that occur in adolescence to also encompass cognitive, emotional, social, sexual, identity formation, and spiritual change and growth.”² It involves the “development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.”¹</p>	<ul style="list-style-type: none"> • Youth empowerment • Fostering a group or community identity • Gender-based empowerment and community awareness • Mentorship • Connections to the community
Financial literacy	<p>“Programs that seek to improve knowledge, attitudes, and behavior related to personal finance... in general, the term implies a level of basic knowledge or competence about financial concepts such as the ability to balance a checkbook, manage a credit card, prepare a budget, take out a loan, and buy insurance.”²</p>	<p>Information about</p> <ul style="list-style-type: none"> • basic savings, • credit management, • home ownership, and/or • retirement planning.

Subject	Explanation	Examples of Activities/Skills/Competencies
Parent-child communication	“Positive communication between parents and children greatly helps young people to establish individual values and to make healthy decisions. Positive parent child communication can help adolescents have healthy and responsible sexual decision-making by providing accurate information and by creating open lines of communication.” ²	<ul style="list-style-type: none"> • Sexuality education homework assignments (to complete or discuss with parents/adults) • Programs for parents and their children (single or multi-session groups) • Programs for parents only (single or multi-session groups or workshops) • Programs for parents of students in sexuality education classes • Home-based programs for parents and their children (home visits) • Media campaigns (videos, radio, newspaper, TV, fliers, newsletters)
Educational & career success	“Programs that develop skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity. These programs generally seek to improve academic performance, increase school attendance, increase school engagement and/or increase school completion.” ²	<ul style="list-style-type: none"> • Mentorship • Case management • Academic support and/or homework help • Activities focused on building skills related to academic and employment success • Transition planning for teens with Individualized Education Plans
Healthy life skills	<p>“Goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.”¹</p> <p>The World Health Organization (WHO) defines life skills as “abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life”. Specific skills and everyday demands may vary throughout the course of adolescence and across different sociocultural groups. Life skills include, but are not limited to, communication, decision-making, coping, self management, goal-setting, and avoidance of unhealthy behaviors.”²</p>	<ul style="list-style-type: none"> • Self-motivation and self-efficacy • Strengths-based programming • Interactive learning/apply skills outside classroom • Service and volunteerism • Skills-based programming